ress. At the present primitive state of psychiatric knowledge, nonmedical psychotherapists might appear the relative equals of psychiatric physicians in the practice of psychotherapy. The same comparison could have been made between the first scientifically trained physicians and their ideological counterparts in the early days of modern medicine. Neither had much to offer patients aside from ineffective nostrums and bedside psychotherapy. The arrival of pathophysiological diagnosis and effective pharmacology caused the obsolesence of the physician ideologues and their schools. With no knowledge of scientific medicine, nor even the tools to learn it, they had little to offer but psychotherapy. However, a scientific physician was able to use psychotherapy in its most effective form, as a vehicle to gain his patient's cooperation to accept definitive treatment for hitherto untreatable diseases.

Similarly, nonmedical psychotherapists are likely to go the way of physician ideologues of the last century as the promise of definitive medical treatments for the severe mental disturbances is met.

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Charter Tour Difficulties

TO THE EDITOR: The Medical Society of Santa Barbara County, California, is having difficulty recouping travel deposits from an Ontario, Canada, consumer protection fund, and we would like to let other physicians realize our dilemma. We have been trying for more than 18 months to recover almost $88,000 lost when an Ottawa firm, Professional Seminar Consultants, Ltd. (PSC, Ltd.) defaulted on a charter tour of the Soviet Union.

Our medical society and three other professional groups have sued the Ontario Travel Industry Compensation Fund which rejected 96 American claims totaling $187,750 but approved claims of Canadian consumers against PSC, Ltd. for $150,000. The matter is now pending before the Ontario Commercial Registration Appeals Tribunal, with a decision expected by winter.

The Canadian licensing and investigatory authorities have refused to comment on the reasons for the thrice delayed denial of United States consumers' claims. We have attempted to apply pressure at the ambassadorial level with little success. At the request of Senator Alan Cranston, the Consulate General of the United States discussed the claims with the Registrar of the Travel Industry Act. The Registrar said that the Travel Industry Compensation Fund and its Board of Trustees' decisions are completely independent of the Government of Ontario and out of its control.

Meanwhile, there are 150 Californians, almost half from the tour sponsored by our Society, who are still out their monies. Our Society and its tour participants were assured that services were insured by the Travel Industry Compensation Fund. We find need for litigation appalling.

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'Speed' and Hematuria

TO THE EDITOR: Emergency room patients with microscopic hematuria and flank pain but no demonstrable renal stone are often suspected of seeking narcotics. An interesting, and potentially lethal, variation was seen at Kaiser Hospital, Hayward, California, recently.

A 21-year-old man came to the emergency room complaining of 24 to 48 hours of dull right flank pain. Analysis of urine showed no leukocytes or bacteria, but the specimen was "loaded" with red blood cells. Findings on intravenous pyelogram (IVP) were normal. Physical examination showed no abnormalities. Subsequent laboratory data showed a prothrombin time of 49 seconds (control 12.3); partial thromboplastin time, 48 seconds (control 34.9); platelets, 319,000 per cu mm; hematocrit, 42 percent; creatinine, 1 mg per dl; serum glutamic oxaloacetic transaminase (SGOT), 30 units.

There was no family or personal history of bleeding problems; the patient had had a tonsillectomy and hernia correction without incident. There was no history of renal or hepatic disease.

The patient did have a new job, worked the graveyard shift and was using "speed," bought on the street, to stay awake. His girlfriend brought in the "speed," then identified as 10 mg Panwarfin® (warfarin sodium) (white tab with Abbott insignia). Sold Panwarfin as an "upper," he had been ingesting 30 mg a day for the previous three to four days. Treatment with vitamin K_1 corrected the laboratory abnormalities.

In view of this experience, perhaps prothrombin time should be checked to rule out unsuspected anticoagulant ingestion in all patients in whom findings on an IVP are normal, hematuria is present and use of street drugs is suspected.

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